

Entered -8-10-99 - sb  
**CL 99L0505 - GWENDOLYN BURNS**

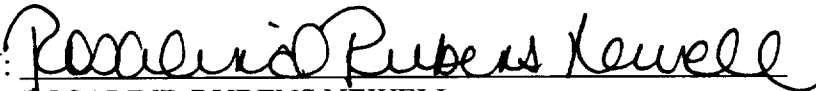
CLAIM OF:

**AMELIA MUSARRA**  
110 Terrace Drive, NE  
Atlanta, Georgia 30305

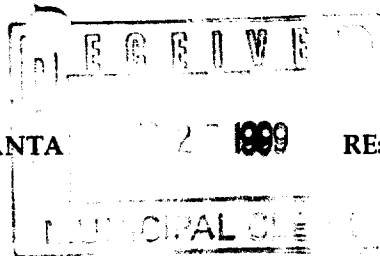
**01-R -0394**

For damages alleged to have been sustained due to a flood which occurred as a result of a creek overflow on July 6, 1999 at 110 Terrace Drive, NE.

THIS ADVERSED REPORT IS  
APPROVED

BY:   
ROSALIND RUBENS NEWELL  
DEPUTY CITY ATTORNEY

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335



RE: CLAIM FOR DAMAGES

Today's Date: 7-27-99

BURNS  
08/12/99  
R

Dear Municipal Clerk:

ENTERED - 8-10-99 - SB  
99L0505 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 6500.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 7-6-99 2. Time of Incident: 5:30 3. Police called: X  
(month/day/year) Yes No
4. Location of incident (including street address): 110 TERRACE DR. ATL. 30305
5. Name of your insurance company: PROGRESSIVE Policy No. 251309410-1
6. State what and how incident occurred: Negligence in maintaining city water main - 98 - Caused excessive flooding and surge of water which moved and completely flooded automobile - totaling it.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).  
Your vehicle: MERCEDES 1985 262QS AMELIA MUSARRA  
(Make) (Year) (Tag Number) (Driver's Name)  
City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: John Warren 110 Terrace Dr. Atl. 4-262-0980  
(Name) (Address) (Telephone Number)
10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

AMELIA MUSARRA  
(Print Claimant's Name)

Amelia Musarra  
Signature of Claimant

110 TERRACE DR.  
(Address)

ATL. GA 30305  
(City, State and Zip Code)

01-R -0394

4) 233-6599 4) 846-0742  
(Work Number) (Home Number)